

US EPA ARCHIVE DOCUMENT

# Daily follow-up Questionnaire

(technician administered)

Participant ID	Start Date (yesterday's date)
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A A B C D	M M D D Y Y

A = Participant ID  
B = Cohort  
C = Cycle

*This form is a hard copy version of a computer driven questionnaire. The overall format and layout of the computer questionnaire may differ significantly, but this hard copy version provides an accurate representation of the questions and overall extent of the information we wish to capture in the follow-up interview with the participant. The tables in the computer version can capture many more events/occurrences of an activity than is indicated in this hard copy version. The use of 24 hours throughout the questionnaire refers to the previous monitoring period in its entirety.*

1. Did you or anyone smoke (cigarette, cigar or pipe) around you within the last 24 hours at any location? Y  / N

If yes, please indicate in the following table where and when smoking occurred. If you smoked or your exposure to smoke occurred repeatedly over time in one location, please only indicate a single start time and duration for the entire time you smoked or were exposed to smoke in each location.

Location <sup>1</sup>	Time (start)	Duration (minutes)	Comments

1 - (IH) Indoors at Home, (IO) Indoors at other, (O) Outdoors, (C) Car or other vehicle

2. Did you or anyone smoke (cigarette, cigar or pipe) inside your home within the last 24 hours? Y  / N

If yes, please indicate in the following table when smoking occurred inside your home. If smoking occurred repeatedly over time, please only indicate a single start time and duration for the entire time you or someone else smoked inside your home.

Time (start)	Duration (minutes)	Comments

3. Did you cook or were you around when someone else was cooking during the last 24 hours? Y  / N

If yes, please fill out the following table.

Your Location <sup>1</sup>	Cooker Type <sup>2</sup>	Type of cooking <sup>3</sup>	Time (start)	Duration (minutes)	Smoke Produced <sup>4</sup>	Exhaust Fan <sup>5</sup>	Comments

1 - (IH) Indoors at Home, (IO) Indoors at other, (O)outdoors, (C)ar or other vehicle

2 - (S) Stove, (M) Microwave, (O) Oven, (G) Grill

3 - (FG) Frying or grilling, (BB) Baking or broiling, (TO) Toasting, (BO) Boiling, (OT) Other, please specify

4 - Was anything burned while cooking that produced visible smoke? (Y, N, Don't Know)

5 - Was an exhaust fan used that was vented outdoors? (Y, N, Don't Know)

4. Were you around burning candles or incense at any location during the last 24 hours? Y  / N

If yes, please indicate in the following table your location and when you were around burning candles or incense.

Your Location <sup>1</sup>	Time (start)	Duration (minutes)	Type <sup>2</sup>	Metal Wick <sup>3</sup>	Comments


1 - (IH) Indoors at Home, (IO) Indoors at other, (O) outdoors, (C) car or other vehicle

2 - (C) Candles or (I) Incense

3 - Applies to candles only. Did the candle have a metal wick?

5. Did you use a humidifier in your home in the last 24 hours? Y  / N

If yes, please fill out the following table.

Time (start)	Duration (minutes)	Humidifier Type <sup>1</sup>	Water Type <sup>2</sup>	Additives <sup>3</sup>	Comments

1 - (E) Evaporative, (U) Ultrasonic cool-mist, (H) Heated, (O) Other

2 - (T) Tap, (D) Distilled, (B) Bottled, (O) Other

3 - Specify additives including mentholatum, etc.

6. Was your primary heater (furnace, etc.) used in your home during the last 24 hours? Y  N

7. Were any other heating devices used in your home during the last 24 hours? Y  N

If yes, please indicate in the following table when and what type of device was used.

Time (start)	Duration (minutes)	Device Type <sup>1</sup>	Smoke or fuel smelled?	Door open <sup>2</sup>	Comments

1 - (WF) Wood burning fireplace, (GF) Gas logs fireplace, (WS) Wood burning stove, (KE) Kerosene space heater, (O) Other, please specify.

2 - Applies to a wood stove only. Other than to add wood, was the door left open on the wood stove while it was in operation?

8. Was an air conditioner run during the last 24 hours in your home? Y  N

9. Were any windows open in your home in the last 24 hours? Y  N

If yes, please indicate in the following table when, the number of windows and how many were open wider than 6 inches.

Time (start)	Duration (minutes)	# Windows Open	# Open > 6"	Comments

10. Was a window fan used in your home in the last 24 hours? Y  N

If yes, please indicate in the following table when and the number of window fans used.

Time (start)	Duration (minutes)	# Window Fans Used	Comments

11. Were any exterior doors left open for more than five minutes or were screen doors used for ventilation in your home during the the last 24 hours? Y  N

If yes, please indicate in the following table when exterior doors were open.

Time (start)	Duration (minutes)	Comments

12. Was an air cleaner or air filter used in your home in the last 24 hours? Y  / N

If yes, please indicate in the following table when and the type of air filter/cleaner.

Time (start)	Duration (minutes)	Type <sup>1</sup>	Comments

1 - (H) HEPA filter, (Z) Ozonator, (E) Electrostatic precipitator, (O) Other, please specify

13. Were housecleaning chores performed by you or someone else in your home during the last 24 hours? Y  / N

If yes, please indicate in the following table when and the type of cleaning that took place.

Time (start)	Duration (minutes)	Type of cleaning <sup>1</sup>	Comments

1 - (V) Vacuuming, (S) Sweeping, (D) Dusting, (O) Other, please specify.

14. Were cleaning products used in your home within the last 24 hours? Y  / N

If yes, please indicate in the following table when and the cleaning product(s) used. Please do not include bleach, ammonia based cleaners (e.g. Windex), vinegar, baking soda, dishwashing detergent, laundry detergent

Time (start)	Duration (minutes)	Cleaning Product	Comments

15. Were any of the following aerosol spray products used in the home within the last 24

hours? Air freshener, spray perfume or cologne, hair spray, spray deodorant.

Time (start)	Duration (minutes)	Type <sup>1</sup>	Comments

1 - (AF) Air freshner, (PC) Perfume or cologne, (HS) Hair spray, (SD) Spray deodorant, (OT) Other, please specify.

16. Were any petroleum based solvents, paints or glues used in or around your home during the last 24 hours? Petroleum based solvents include paint thinner, paint stripper, etc. Paints may include oil based and latex or acrylic paint. Y  / N

If yes, please indicate type of solvent or paint used during the last 24 hours \_\_\_\_\_

17. Were any dry-cleaned items (clothes, etc.) brought into your home during the last 24 hours? Y  / N

18. Did you smell smoke or any other unusual chemical smells in or around your home within the last 24 hours that you have not already identified? Y  / N

If yes, please indicate in the following table when and the type and source of odor, if known.

Location <sup>1</sup>	Time (start)	Duration (minutes)	Type and source of odor	Comments

1 - (I) Indoors, (O) Outdoors

19. Were household or lawn chemicals used around your home in the last 24 hours? Y  N

If yes, please indicate in the following table where, when and the type of chemical(s) used.

	Time	Duration		

Location <sup>1</sup>	(start)	(minutes)	Type <sup>2</sup>	Comments

1 - (I) Indoor, (O) Outdoors

2 - (H) Herbicides, (P) Pesticides, (O) Other, please specify

20. Were lawn mowers and/or other small engines used around your home in the last 24 hours?      Y     N

If yes, please indicate in the following table when and the type used.

Time (start)	Duration (minutes)	Type <sup>1</sup>	Comments

1 - (L) Lawn mower, (W) Weed eater, (B) Blower, (O) Other, please specify.

21. Did you drive or were you a passenger in a motor vehicle of any type within the last 24 hours?      Y     N

If yes, please indicate in the following table when and what type of vehicle.

Time (start)	Duration (minutes)	Vehicle Type <sup>1</sup>	Comments

1 - (C) Car, (T) Truck, (B) Bus, (M) Motorcycle, (O) Other, please specify

22. Did you put gas in a vehicle or were you in a vehicle while it was being refueled in the last 24 hours?      Y  / N

23. If a garage is connected to the home, did anyone leave a vehicle or a small engine appliance (e.g. lawnmower, weed-wacker, etc.) running in the garage longer than 30 seconds during the last 24 hours?      Y  / N

24. If a garage is connected to the home, did anyone drive a vehicle into the garage after it was running for more than 5 minutes? Y  / N

If yes to either **22.** or **23.**, please indicate in the following table when either of these events occurred.

Time (start)	Duration (minutes)	Description <sup>1</sup>	Garage door <sup>2</sup>	Comments

1 - Indicate whether (A) vehicle/other engine was running in garage longer than 30 seconds or

(B) a vehicle was driven into the garage after the engine was running for more than 5 minutes

2 - Indicate whether the garage door was (O) Open or (C) Closed during this activity. Was the garage door closed just after a vehicle was driven into the garage?

25. At any time during the previous 24 hours did you take off the monitoring vest for any reason? Y  / N

If yes, please indicate in the following table when the vest was removed and its proximity to you.

Time (start)	Duration (minutes)	Your Location	Location of vest	Comments